

541

ARIZONA STATE BOARD OF HEALTH

ould preferably be made
ho made the original)

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *

Residence of W. C. Hayes

h. Gila County Globe No. South Globe St.
District)

Twin Triplet or other?	{	and	{	Number in order of birth
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I HEREBY CERTIFY that the child described herein
has been named

April 8, 1910
(Month) (Day) (Year)

EVELYN ZEE HAYES
(Give name in full) (Surname)

FATHER

Mrs. Blake Hayes
(Parent's Signature)

Hayes

MOTHER

Dr. A. K. Shaw, Deceased
(Signature of Physician or Midwife)

e Lewis

be entered by the local registrar before giving out this form.

ital reports of birth may be obtained from the local registrar.

582-408-232